



**Water Resources Program**  
**Application for Change/Transfer**  
**of Water Right**

For Ecology Use  
 (Doc. Stamp)

**RECEIVED**

**DEC 12 2011**

DEPARTMENT OF ECOLOGY  
 EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with  
 County Water Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
 IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- Change purpose(s) of use
- Add purpose(s) of use
- Change point(s) of diversion/withdrawal
- Add point(s) of diversion/withdrawal
- Change/transfer place of use
- Other (i.e. consolidation, intertie, trust water)

Explain: Existing well failed

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED	<u>12-12-2011</u>
CHECK NO. <u>4925</u>	FEE \$ <u>50.00</u>
DATE ACCEPTED <u>12-30-2011</u>	BY <u>KLUF</u>
CHANGE NO. <u>CG3-QB0300</u>	
COUNTY <u>Grant</u>	WRIA <u>41</u>
SPECIAL AREA <u>DGWS</u>	
Fee \$147.78/1330gpm	
SEPA: <input checked="" type="checkbox"/> EXEMPT	<input type="checkbox"/> NOT EXEMPT
ECY CODING: 001-002-WR10285-000011	
APP NO. _____	PERMIT NO. <u>QB-300</u>
CERT NO. _____	CERT OF CHG NO. _____

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information**

APPLICANT/BUSINESS NAME <u>R. Dean Campbell</u>	PHONE NO. <u>509-750-6870</u>	FAX NO.
ADDRESS <u>P.O. Box 340</u>		
CITY <u>Moses Lake, WA 98837</u>	STATE <u>WA</u>	ZIP CODE <u>98837</u>

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS <u>Same</u>		
CITY	STATE	ZIP CODE

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Monique Campbell Revocable Trust</u>	PHONE NO. <u>509-750-6870</u>	FAX NO.
ADDRESS <u>P.O. Box 340</u>		
CITY <u>Moses Lake WA 98837</u>	STATE <u>WA</u>	ZIP CODE <u>98837</u>

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <b>G3-23052 / QB-300</b>	RECORDED NAME(S) <b>Rodney Dean Campbell</b>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

*Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.*

## 3. Point(s) of Diversion/Withdrawal:

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #	
	<b>NE ¼</b>	<b>SE ¼</b>	<b>NW</b>	<b>NW</b>	<b>13</b>	<b>18</b>	<b>25E</b>	<b>R15-1621-000</b>	<b>#1</b>

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #	
	<b>NW ¼</b>	<b>NW ¼</b>	<b>NW</b>	<b>NW</b>	<b>13</b>	<b>18</b>	<b>25E</b>	<b>R15-1621-001</b>	<b>#3</b>

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING:  YES  NO    PROPOSED:  YES  NO - IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

## 4. Purpose of Use:

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<b>Irrigation</b>	<b>750</b>	<b>300</b>	<b>2-3-1974 / 8-1-2009</b>

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<b>Irrigation</b>	<b>490</b>	<b>250</b>	<b>8-1-10 to date</b>

**5. Place of Use:**

**A. Existing**

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	13	18	25	Grant	R15-1621-000	120 A

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE?  YES  NO  
 IF NO, PROVIDE OWNER(S) NAME: Monique Campbell Revocable Trust R15-1621-001

**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	13	18	25	Grant	R15-1621-000	120

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES  NO   
 IF NO, PROVIDE OWNER(S) NAME: Monique Campbell Revocable Trust R15-1621-001

*Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
 ES  NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_

**6. Remarks and Other Relevant Information:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

**7. Signatures:**

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

R. Dean Campbell  
Applicant Printed Name - Title

R. Dean Campbell  
Applicant Signature

12/1/2011  
(Date)

Rodney Dean Campbell  
Water Right Holder Printed Name

Rodney Dean Campbell  
Water Right Holder Signature

12/1/2011  
(Date)

Monique Campbell Revocable Trust  
Land Owner of Existing Place of Use Printed Name

Monique Campbell  
Land Owner of Existing Place of Use Signature

12/1/2011  
(Date)

Monique Campbell Revocable Trust  
Land Owner of Proposed Place of Use Printed Name

Monique Campbell  
Land Owner of Proposed Place of Use Signature

12/1/2011  
(Date)

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

APPLICATION FEE NOT ENCLOSED       MAP NOT INCLUDED or INCOMPLETE  
 ADDITIONAL SIGNATURES REQUIRED       SECTION \_\_\_\_\_ IS INCOMPLETE  
 OTHER/EXPLANATION: \_\_\_\_\_

**STAFF:** \_\_\_\_\_      **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ATTACHMENT FOR  
Application for Change/Transfer of Water Right**

**Point(s) of Diversion/Withdrawal -  Existing  Proposed:**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Existing	NE ¼	SE ¼	NW	NW	13	18	25E R15-1621-000	#1
Proposed	NW ¼	NE ¼	NW	NW	13	18	25E R15-1621-001	#3

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL?  YES  NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

**Purpose(s) of Use -  Existing  Proposed:**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Existing Irrigation	750	300	2-3-1974 / 8-1-2009
Proposed Irrigation	490	250	8-1-10 to date

**Place of Use -  Existing  Proposed:**

LEGAL DESCRIPTION OF LANDS							
Existing	NW ¼	13	T. 18	R. 25	R 15-1621-000	120 A	R 15-1621-001

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
Proposed	NW	13	18	25	Grant	R 15-1621-000	120

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE?  YES  NO

R15-1621-001

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

BCY 040-1-97 (Rev. 10/11) If you need this document in a format for the visually impaired, call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

